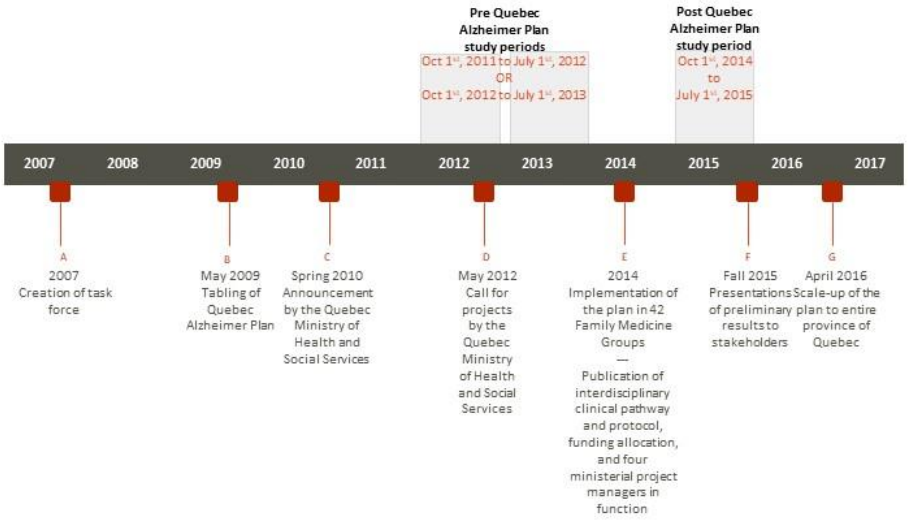
Appendix 1 (as supplied by the authors): Description of the Quebec Alzheimer Plan

The timeline of the Quebec Alzheimer Plan implementation is summarized in the following figure:



Legend of figure

A) In 2007, the Quebec Ministry of Health and Social Services mandated a task force chaired by Dr. Howard Bergman to develop an action plan for Quebec Alzheimer Plan. This action plan was to be based on a patient-centered approach and promotes patients and caregivers' participation in the care process and advocated the integration of health, social and support services, which put an emphasis on clinical responsibility and continuity of care while considering the complexity of the patients' needs.
B) In 2009, the task force tabled its 7 priority actions for the Quebec Alzheimer Plan. The seven priority actions are the following:

Appendix to: Vedel I, Sourial N, Arsenault-Lapierre G, et al. Impact of the Quebec Alzheimer Plan on the detection and management of Alzheimer disease and other neurocognitive disorders in primary health care: a retrospective study. *CMAJ Open* 2019. DOI:10.9778/cmajo.20190053.

1. Raise awareness, inform, and mobilize
2. Provide access to personalized, coordinated assessment and treatment services for people with Alzheimer's and their family/informal caregivers
3. In the advanced stages of Alzheimer's, promote quality of life and provide access to home-support services and a choice of high-quality alternative living facilities.
4. Promote high-quality, therapeutically appropriate end-of-life care that respects people's wishes, dignity, and comfort
5. Treat family/informal caregivers as partners who need support
6. Develop and support training programs
7. Mobilize all members of the university, public, and private sectors for an unprecedented research effort

These 7 priority actions were further declined in 24 recommendations (Bergman et al., 2009).

C) In 2010, the Ministry of Health and Social Services deployed a ministerial team composed of three ministerial managers and the primary author of the report (Dr. Howard Bergman) to lead their implementation strategy of the Quebec Alzheimer Plan. The decision was made to center the Quebec Alzheimer Plan in primary care, as recommended in Canadian guidelines.
D) In 2012, the Ministry launched a call for projects and selected 19 projects, which corresponded to 42 Family Medicine Groups, across the province. These projects are to be implemented in the Family Medicine Groups at the beginning of 2014.
E) Clinical guidelines highlighting interdisciplinary and proactive trajectory of care are developed for Family Medicine Groups by the Ministry with inputs from experts and clinicians
F) Presentations to the Ministry and participating Family Medicine Groups on the results of the evaluative research for a scale-up of the Quebec Alzheimer Plan planned in April 2016

Key elements of the Quebec Alzheimer Plan

The Quebec Alzheimer Plan implementation focused on the second priority action that is to provide access to personalized, coordinated assessment and treatment services for people with Alzheimer's and their family/informal caregivers. More specifically, the goal of the plan is to ameliorate the capacity of Family Medicine Groups to detect, diagnose, treat and follow-up patients with dementia, with the support of specialists in complexes cases. Central to this plan are the following goals, actors, related indicators measured in this study.

Goals	**Actors**	**Indicators assessed**
Early detection of neurocognitive disorders and assessment	All clinicians of the Family Medicine Group	- Documentation of cognitive status - Cognitive testing
Early diagnosis of Alzheimer's disease and related disorders for typical cases;	All clinicians of the Family Medicine Group	- Documented diagnosis of neurocognitive disorders

complicated cases to be referred to a specialist physician	Specialists	- Justified referrals to memory clinic
Explanation of the diagnosis to the patient and caregiver and assure that the information is well understood	Family physicians and nurses at the Family Medicine Group	- Not assessed
Initiation of dementia medication; and follow-up	Family physicians Nurse or pharmacist	- Prescription of memantine or cholinesterase inhibitors by FMG - Quality of Follow-up score - (Management of dementia medications)
Decrease potentially inappropriate medication use	Family physicians	- No anticholinergics medication, - Antipsychotics medication
Identification of patient and caregiver needs, preferences and expectations	All clinicians of the Family Medicine Group	- Quality of follow-up - For patients: o Cognitive testing o Evaluation of functional status o Evaluation of BPSD o Evaluation of weight Documentation of driving status - For caregivers: o Evaluation of caregiver needs
A dedicated case manager or "pivotal nurse" for each patient and caregiver dyad; who collaborates closely with the treating family physician from diagnosis, to treatment and to on-going care	All clinicians of the Family Medicine Group	Not assessed
Interdisciplinary care among family physicians, nurses, and other disciplines (e.g. social workers, pharmacists, etc.)	All clinicians of the Family Medicine Group	Not assessed
Development of individualized care plans, promotion of self-care, management of multiple chronic diseases	All clinicians of the Family Medicine Group	Not assessed
Early involvement of community-based resources for patients and family caregivers (e.g. Alzheimer Society)	Family Medicine Groups' physician, nurse, social worker and community-based resources	- Quality of follow-Up o Evaluation of home-based services needs o Evaluation of community services' needs
Deliberate and pro-active systematic follow up	All clinicians of the Family Medicine Group	- Number of contacts with the FMG
Care coordination among health and social services, community organizations and patient/family caregiver support groups.	Family Medicine Groups' physician, nurse, social worker and community-based resources	Not assessed

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